

☐ PERMANENT CERTIFICATE
☐ TEMPORARY CERTIFICATE
 DECEASED'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

CORONER'S CERTIFICATE OF DEATH

Type, or Print in
 PERMANENT INK
 See A Manual for
 Coroners and
 Funeral Directors
 Handbook for
 INSTRUCTIONS

REGISTRATION DISTRICT NO. 12.0
 REGISTERED NUMBER 60

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Martha Jane Blockinger Female 3 August 4, 1980
 RACE - WHITE, BLACK, AMERICAN ORIGIN OR DESCENT (SPECIFY) AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO, DAY, YEAR) COUNTY OF DEATH
White American 85 March 23, 1895 Clark
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA OF CLIN. RM. (PATIENT (SPECIFY)
Marshall Cork Medical Center D.O.A.
 STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
Illinois U.S.A. Married Everett Blockinger
 SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES, NO) WAR OR DATES OF SERVICE
323-56-4324 School Teacher Elementary Ed. No -
 RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES, NO) COUNTY STATE
RR #2, West Union Darwin Twp. No Clark Illinois

A. DECEASED
 B.
 C.
 D.
 E. PARENTS

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST
James Benjamin Spangler Eva - Lichtenberger
 INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)
Phamene Nelson Daughter RR #2, Box 141, West Union, Ill. 62477
 18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
 PART I. IMMEDIATE CAUSE

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
 (a) Cardiac Arrest Immediate
 (b) Arteriosclerotic failure At least 1 yr.
 (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 ACCIDENT, SUICIDE, HOMICIDE OR UNDERDEVELOPED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) AUTOPSY (YES, NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. Natural 20b. - 20c. - M. 20d. - 19a. No 19b. -
 INJURY AT WORK (YES, NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)
20e. - 20f. - 20g. -

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
 21a. CORONER'S SIGNATURE Donald H. Hoch 21b. MONTH DAY YEAR August 4, 1980 21c. AT 12:20 A.M.
 22a. CORONER'S PHYSICIAN'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
22b. Aug. 5, 1980
 23b. DATE SIGNED (MONTH, DAY, YEAR)

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Marshall Cem. 24c. Marshall, Illinois 24d. Aug. 6, 1980
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Prust-Hesch Funeral Chapel - West Union, Illinois 62477
 FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Donald H. Hoch 25c. 5771
 LOCAL REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Merle Fisher, County, Illinois 26b. Aug 6, 1980

VR202 (REV. 1/78)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE Aug 26, 1980 SIGNED Merle Fisher OFFICIAL TITLE city clerk
 AT West Union, Illinois

YEAR 2014 DEPARTMENT OF PUBLIC HEALTH - Bureau of Statistics.

Printed by the Authority of the State of Illinois 38449 2508 8-91 3552

Martha Jane
Blockinger
Death Certificate